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FILED
May 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V26167

(9)

1. Corporation Name
VISIM, INC.



Principal Place of Business

Mailing Address

C/O JOSEPH VIRGA
3106 COLONY REEF A-1-A SOUTH
ST. AUGUSTINE FL 32084

6770 SR 207
ELKTON FL 32033-3430
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

3. Date incorporated or Qualified

04/02/1992

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3168209

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VIRGA, JOSEPH
3106 COLONY REEF
A-1-A SOUTH
ST. AUGUSTINE FL 32084

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title of applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME VIRGA, JOSEPH
STREET ADDRESS 6770 SR 207
CITY-ST-ZIP ELKTON FL

☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

TITLE DVP
NAME VIRGA, VIVIAN
STREET ADDRESS 6770 SR 207
CITY-ST-ZIP ELKTON FL

☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

TITLE DS
NAME KEREKES, CHERYL
STREET ADDRESS 622 TOWN COLONY DRIVE
CITY-ST-ZIP MIDDLETOWN CT

☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

TITLE DVP
NAME SIMMONS, JEFFREY
STREET ADDRESS 1905 FLEET STREET 2ND FLOOR
CITY-ST-ZIP BALTIMORE MA

☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

TITLE DT
NAME SIMMONS, GREGORY
STREET ADDRESS 65 FRANKLIN AVE.
CITY-ST-ZIP WESTERLY RI

☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Sandra B. Mortham

4/26/97 904
692 3702

CR2E034 (9/96)